

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

HOUSING AUTHORITY OF THE CITY OF FRANKLIN
COLONIAL MANOR, 1212 CHESTNUT STREET
FRANKLIN, PA 16323

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: HOUSING AUTHORITY OF THE CITY OF FRANKLIN

PHA Number: PA056

PHA Fiscal Year Beginning: (mm/yyyy) JULY 2001

PHA Plan Contact Information:

Name: VANESSA L. ROCKOVICH

Phone: (814) 432-3416

TDD: (814) 432-3416

Email (if available): hacf@usachoice.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered:

- ☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Contents	<u>Page #</u>
Annual Plan	
i. Executive Summary (optional)	
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3. Demolition and Disposition	
4. Homeownership: Voucher Homeownership Program	
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6. Other Information:	
A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	
Attachments	
<input type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input type="checkbox"/> Attachment __: Capital Fund Program Annual Statement	
<input type="checkbox"/> Attachment __: Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input type="checkbox"/> Attachment __: Resident Membership on PHA Board or Governing Body	
<input type="checkbox"/> Attachment __: Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

PET POLICY - FAMILY

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 170,000

C. X Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment YES

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment YES

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:

1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) PLAN0102COMMENTS
3. In what manner did the PHA address those comments? (select all that apply)
- ☒ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
☒ Yes ☐ No: below or AMENDED CAPITAL FUND PROGRAM
☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) COMMONWEALTH OF PENNSYLVANIA

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes X No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan:

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types X check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Required Attachment ____: Resident Member on the PHA Governing Board

1. X Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

VIVIAN C. SPANGER AND CHARLES E. RHOADES

B. How was the resident board member selected: (select one)?

☐ Elected

X Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

CITY OF FRANKLIN CITY COUNCIL

Required Attachment _____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

IDA MAE ANDERSON, 1212 CHESTNUT STREET, APT 515, FRANKLIN, PA 16323
PAT LUX, 1212 CHESTNUT STREET, APT 305, FRANKLIN, PA 16323
TAMI BAKER, 141 DALE AVENUE, FRANKLIN, PA 16323
ROBERT WAGNER, 126 DALE AVENUE, FRANKLIN, PA 16323

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY FRANKLIN		Grant Type and Number Capital Fund Program Grant No: PA28P05650101 Replacement Housing Factor Grant No: {enter number here}			Federal FY of Grant: 2001
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 00/00/00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	\$ 25,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 133,878			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$ 15,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization of Dept Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	\$ 173,878	\$ -	\$ -	\$ -
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security --Soft Costs				
25	Amount of Line 21 related to Security-- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:		HOUSING AUTHORITY OF THE CITY FRANKLIN		Grant Type and Number			Federal FY of	
				Capital Fund Program Grant No: PA28P05650101			2001	
				Replacement Housing Factor Grant No: {enter number here}				
Development NumberName/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Funds Obligated	Funds Expended	
56-1 AND 56-2	ADVERTISING COSTS	1410		\$ 5,000				
56-1 AND 56-2	REIMBURSE SALARIES AND BENEFITS	1410		\$ 20,000				
56-1	PURCHASE AND INSTALL MAILBOXES BY EACH APARTMENT DOOR FOR IN HOUSE NOTICES	1460		\$ 2,000				
56-1	REPLACE ROOF	1460		\$ 75,000				
56-1	REPLACE AIR HANDLER	1460		\$ 30,000				
56-1	CONSTRUCT PAVILION	1460		\$ 10,000				
56-1	CONVERT 15 EFFICIENCIES	1460		\$ 10,000				
56-1	UPGRADE ELEVATOR BUTTONS	1460		\$ 6,878				
56-1 AND 56-2	EQUIPMENT PURCHASES	1475		\$ 15,000				

Grant:
Status of Work

Part III: Implementation Schedule

[illegible]

Part I: Summary

Capital Fund Program Tables
Page 5 of 10

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages - Work Activities

Activities for Year 1	Activities for Year : FFY Grant: 2002 PHA FY: Jul-02			Activities for Year : FFY Grant: 2003 PHA FY: Jul-03		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA-WIDE	ADMINISTRATIVE COSTS	\$ 25,000	HA-WIDE	ADMINISTRATIVE COSTS	\$ 30,000
Annual		SEAL AND RELINE PARKING LOTS	\$ 10,000		EQUIPMENT PURCHASES	\$ 15,000
Statement		REPLACE SIDEWALKS	\$ 20,000			
		MAINTENANCE STORAGE BUILDINGS	\$ 15,000	56-1	UPGRADE SECURITY SYSTEM	\$ 10,000
		EQUIPMENT PURCHASES	\$ 15,000		ADD DOOR SWEEPS	\$ 5,000
		EXTERIOR LIGHTS	\$ 50,000			
				56-2	REPLACE HWT TANKS 1/2 THE PROJECT	\$ 10,000
	56-1	REPLACE BOILERS	\$ 15,000		REPLACE FURNACES AND ADD CENTRAL AIRE 1/2 THE PROJECT	\$ 100,000
		CEILING FANS	\$ 10,000			
		CONVERT EFICIENCY APARTMENT	\$ 10,000			
	56-2					
Total CFP Estimated Cost			\$ 170,000			\$ 170,000

Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
4 2004 Jul-04			5 2005 Jul-05		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA-WIDE	ADMINISTRATIVE COSTS	\$ 15,000	HA-WIDE	ADMINISTRATIVE COSTS	\$ 25,000
	EQUIPMENT PURCHASES	\$ 15,000		EQUIPMENT PURCHASES	\$ 15,000
	COMPUTER UPGRADE	\$ 30,000		PURCHASE TRUCK WITH PLOW	\$ 30,000
56-1			56-1		
56-2	REPLACE HWT TANKS 1/2 THE PROJECT	\$ 10,000	56-2	CONSTRUCT COMMUNITY BUILDIN	\$ 100,000
	REPLACE FURNACES AND ADD CENTRAL AIRE 1/2 THE PROJECT	\$ 100,000			
Total CFP Estimated Cost		\$ 170,000			\$ 170,000

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: {Enter No.}	
Development Number/Name/HA Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	Annual Statement				
10-01/Main Street		\$80,000.00	\$36,000.00	\$65,000.00	\$55,000.00
10-02/Broadway		\$90,000.00	\$40,000.00	\$40,000.00	\$43,000.00
HA-Wide		\$100,000.00	\$50,000.00	\$35,000.00	\$27,000.00
CFP Funds Listed for 5-year Planning		\$270,000.00	\$126,000.00	\$140,000.00	\$125,000.00
Repalcement Housing Factor Funds					

Part II: Supporting Pages - Work Activities

Captial Fund Program Tables
Page 9 of 10

Total CFP Estimated Cost	\$	270,000			\$	126,900
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Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY FRANKLIN		Grant Type and Number Capital Fund Program Grant No: PA28P05650100 Replacement Housing Factor Grant No: {enter number here}			Federal FY of Grant: 2000
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	\$ 7,720			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 90,000			
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 30,000			
12	1470 Nondwelling Structures	\$ 22,742			
13	1475 Nondwelling Equipment	\$ 20,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization of Dept Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	\$ 170,462	\$ -	\$ -	\$ -
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security --Soft Costs				
25	Amount of Line 21 related to Security-- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:		Grant Type and Number				Federal FY of	
HOUSING AUTHORITY OF THE CITY FRANKLIN		Capital Fund Program Grant No: PA28P05650100				2000	
		Replacement Housing Factor Grant No: {enter number here}					
Development Number/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
56-1 AND 56-2	ADVERTISING COSTS	1410		\$ 5,000			
56-1 AND 56-2	REIMBURSE SALARIES AND BENEFITS	1410		\$ 2,720			
56-1	REDECORATE HALLWAYS INCLUDING CARPETING, PAINTING AND WALLPAPERING	1460		\$ 20,000			
56-1	REPLACE APRTMENT TOILETS WITH HIGHER ONES (17 1/4)	1460		\$ 10,000			
56-1	CLEAN HEAT DUCT	1460		\$ 5,000			
56-2	CLEAN HEAT DUCT	1460		\$ 5,000			
56-1	REPLACE FLOOR COVERINGS	1460		\$ 25,000			
56-2	REPLACE FLOOR COVERINGS	1460		\$ 25,000			
56-2	REPLACE APPLIANCE	1465		\$ 30,000			
56-1	REPLACE HVAC UNITS IN OFFICES AND COMMUNITY ROOM	1470		\$ 4,742			
56-1	REMODEL COMMUNITY ROOM KITCHEN, REPLACE CABINETS	1470		\$ 8,000			
56-1	CONSTRUCT WALLS, SHELVES, FLOOR COVERINGS AND LOCK DOORS IN LAUNDRY ROOM	1470		\$ 10,000			
56-1	ADD FURNITURE AND EQUIPMENT TO THE COMMUNITY ROOM	1475		\$ 5,000			
56-1	PURCHASE ADDITIONAL OUTDOOR EQUIPMENT	1475		\$ 5,000			
56-1	OFFICE EQUIPMENT	1475		\$ 5,000			

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: HOUSING AUTHORITY OF THE CITY FRANKLIN		Grant Type and Number Capital Fund Program Grant No: PA28P05650100 Replacement Housing Factor Grant No: {enter number here}				Federal FY of 2000	
Development NumberName/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
56-1	MAINTENANCE EQUIPMENT	1475		\$	5,000		

Grant:
Status of Work

Grant:
Status of Work

Part III: Implementation Schedule

Page 6 of 14

Part I: Summary

Capital Fund Program Tables
Page 7 of 14

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: {Enter No.}	
Development Number/Name/HA Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY:	Work Statement for Year 3 FFY Grant: PHA FY:	Work Statement for Year 4 FFY Grant: PHA FY:	Work Statement for Year 5 FFY Grant: PHA FY:
Repalcement Housing Factor Funds					

Part II: Supporting Pages - Work Activities

Activities for	Activities
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[illegible]

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages - Work Activities

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Total CFP Estimated Cost		\$ -			\$ -

Part I: Summary

Capital Fund Program Tables
Page 11 of 14

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: {Enter No.}	
Development Number/Name/HA Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	Annual Statement				
Replacement Housing Factor Funds					

Part II: Supporting Pages - Work Activities

Captial Fund Program Tables
Page 13 of 14

Total CFP Estimated Cost	\$	270,000			\$	126,900
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Dee Vance

4-9-01

Thanks plans for things to be
done:

Could a mailbox be installed
at each apartment door (as
letters, announcements, or information
of the building for each household.

Thank you
JLH

RECEIVED

APR - 9 2001

RECEIVED

APR 10 2001

April 10 - 2001

The Buttons on the elevator needs
to be replaced as they are very
hard to push.

Thank You.
Iida M. Anderson